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<b>REQUESTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> EGYP 3.0-008	
<b>RECEIVED</b>  <b>FEB 27 2004</b>	In re Application of     Gabriel Villafane and Pierre Cesaro		
	Application Number 09/653,717		Filed September 1, 2000
	For:     USE OF NICOTINE OR DERIVATIVE THEREOF FOR THE TREATMENT OF NEUROLOGIC DISEASES, IN PARTICULAR, PARKINSON DISEASE		
	Art Unit           1614	Examiner           R. Cook	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

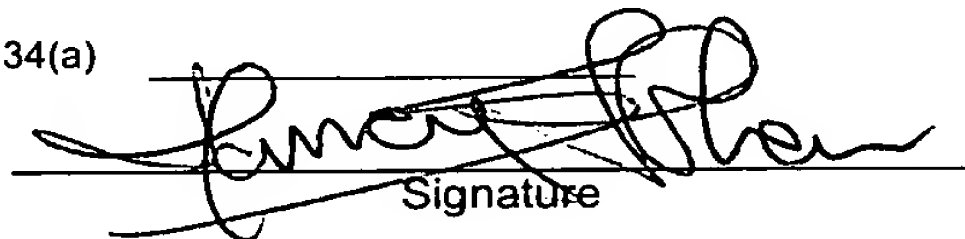
- |  |                     |
|--|---------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))             | \$ _____            |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$           420.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))          | \$ _____            |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))           | \$ _____            |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))           | \$ _____            |
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number     12-1095

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number     28,365
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

February 17, 2004  
Date

(908) 518-6425  
Telephone Number

  
Signature

Harvey L. Cohen  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/> Total of     1     forms are submitted.
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 17, 2004

Signature:  (Harvey L. Cohen)

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